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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:	106	040	16	2			
Filling Date	06/20	703 Total Fe	e Calcul	lation	1			
	Fee Code	Total # Claims	Number Extra	r X	Fee	· Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entit	y	·
Basic Filing Fee	201/101						= .	375
Total Claims >20	203/103	16 -20	=	<u> x</u>			= .	
Independent Claims >3	202)102	14 -3:	- 11	. x	42		=	462
Mult. Dep Claim Present	204/104			•			=	•——
Surcharge	205/105					4	=	. ,
English Translation	139							
TOTAL FEE CALCUL	ATION							837
Fees due upon filing	the application	; ***						
Total Filing Fees Due	e = _ \$	837						
Less Filing Fees Subr	nitted -\$_	375						
BALANCE DUE	= \$	462						
Ruth N Office of Initial Paten	egga_ t Examination							
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FORM OIPE-RAM-01 (Rev. 12/97)



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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT		ATTY DOCKET NO.
10604016	0420/03	*	EXAMINER	
	,		ART UNIT	PAPER NUMBER
		· DA	TE MAILED:	

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

		·
A .	Filing Fees due upon filing the ap Total Filing Fees Due Less Filing Fees Submitt BALANCE DUE	$= \$ \frac{3}{3}$
В.	Fees due in connection with the a	mendment filed on
	Total Fees Due	= \$
	Less Fees Submitted	- \$ ()
	BALANCE DUE	= \$
	NT: FORM PTO-875	Clerk of Group
APP	PLICANT: PLEASE COMPLETE TH	IS PORTION AND RETURN THIS NOTICE WITH PAYMENT
	Fee submitted \$	Signature
		CERTIFICATE OF MAILING
	y that this notice and the required additional fee are being do of Patents and Trademarks, Washington, D.C. 20231, on (c	posited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:
Print 1	Name:	Signature: